

**List of Hospital-wide/Departmental Policies and Procedures Submitted for JCC Approval on
September 12, 2023**

Blue (Hospital-wide); Grey (Departmental)

New Hospital-wide Policies and Procedures

Status	Dept.	Policy #	Title	Owner/ Reviser	Notes
New	_LHHPP		Acute Patient Classification System (PCS) and Staffing Requirements	N. Talai	New policy

ACUTE PATIENT CLASSIFICATION SYSTEM (PCS) AND STAFFING REQUIREMENTS

POLICY:

In accordance with Title 22, all patients on ~~the~~ Acute ~~Inpatient Units~~ Unit will have an assessment done of the projected nursing care requirements for each shift. The assessment will be completed by a Registered Nurse (RN) who has demonstrated skill in the use of the patient classification tool. The patient classification data will be utilized for ~~the~~each unit to determine shift to shift staffing. Staffing variances will be documented and evaluated on a ~~shift by shift~~ shift-by-shift basis.

~~This policy does not include the Emergency Department (ED) as the ED utilizes the Emergency Services Index (ESI). ESI is an emergency department triage algorithm that provides clinically relevant stratification of patients into five groups from 1 (most urgent) to 5 (least urgent) on the basis of acuity and resource needs. Refer to the ED Scope of Service for core staffing guidelines.~~

PURPOSE:

The purpose ~~of this policy~~ is to provide safe and effective levels of nurse staffing based on the nursing care requirements of individual patients.

PROCEDURE:

1. Classification of Patient Care Levels:

A patient classification assessment will be completed and documented each shift by an RN with demonstrated skill.

RNs who have not demonstrated skill will have the assessment completed by the Ccharge Nurse or designee.

The assessment will be completed two hours before the next shift begins.

~~a. Medical, Surgical, and Acute Psychiatry Units~~

- ~~i. The RNS complete a tool consisting of critical indicators of care, which categorize the patient into three or four (depending on the tool used) levels of care.~~

~~b. Intensive Care Units:~~

- ~~i. The RNs identify criteria, which categorize the patient into two levels of care.~~
- ~~i. The level of care determines the nurse/patient ratio of either 1:1 or 1:2.~~

2. Staffing Determination:

The Charge Nurse communicates the [Patient Classification System \(PCS\)](#) totals to the [Staffing-Nursing](#) Office two hours before the next shift.

a. Care levels are entered into One Staff Workload Data [the staffing/scheduling system](#) by the Nursing Office staff. Staffing Matrices or Tables determine the number of staff required and the targeted skill mix.

a.b. Staffing variances will be documented and stored in the staffing / scheduling system (One Staff). Patient Classification staffing information will be retained for a period of three years for purposes of review, monitoring, trending and evaluation.

3. Patient Classification System Orientation and Staff Education

a. PCS initial orientation objectives will be met through [a](#) review of written instructions [and](#), completion of a post-test with a minimum score of 90%.

4. Reliability Monitoring Management

a. Each RN will demonstrate annual PCS skill through either four (4) patient record audits or four (4) patient examples on [standardized testing with a](#) post-test with score of [at least](#) 90%.

4.5. Patient Classification System Committee

a. The ~~A~~ PCS Committee will meet at least annually, chaired by the Chief Nursing Officer, to review the reliability of [the](#) PCS for validating staffing requirements.

a. [The PCS Committee may take part in regular meetings with PCS committees from other facilities within the San Francisco Health Network \(SFHN\), as part of a concerted effort to learn and share best practices with other SFHN providers.](#)

b. [During any combined meetings with the SFHN, any action taken regarding the LHH PCS, will only include the final recommendations or votes of the members of the LHH PCS Committee.](#)

b. The PCS Committee will be composed of representatives from Nursing Administration and RN unit experts from the [nursing units Acute Unit](#). At least 50% of the committee will be RNs that provide direct care [in the Acute Unit](#).

c. The PCS Committee will determine whether the system accurately measures patient care requirements. Changing patient populations, lengths of stay, care delivery model changes, new specialty areas and changes in technology that modify nursing practice are criteria that may warrant re-evaluation of the system.

- d. Any nursing staff member may provide input about the PCS, the recommended revisions and the overall staffing plan.
- e. Any PCS Committee recommendations for adjustments to the PCS to assure accuracy in measuring patient care needs must be implemented within thirty days.
- f. The PCS Committee will report out to the NEC Quality and Safety Meeting on a quarterly basis.**

ATTACHMENT:

[Appendix A Pavilion Acute Unit Staffing Grid](#)
[Appendix B Patient Acuity Classification](#)
[Appendix C Evalysis® Patient Classification System](#)

REFERENCE:

Official California Code of Regulations, Title 22
Evalysis® Patient Classification System
De Groot, Holly A., RN, PhD, Patient Classification System Evaluation Part 1: Essential System Elements. JONA, Vol. 9, No. 6, June 1989.
De Groot, Holly A., RN, PhD, Patient Classification System Evaluation Part 2: System Selection and Implementation, JONA, Vol. 19, No. 7, July/August 1989..

Original adoption: [23/11/14](#) (Year/Month/Day)